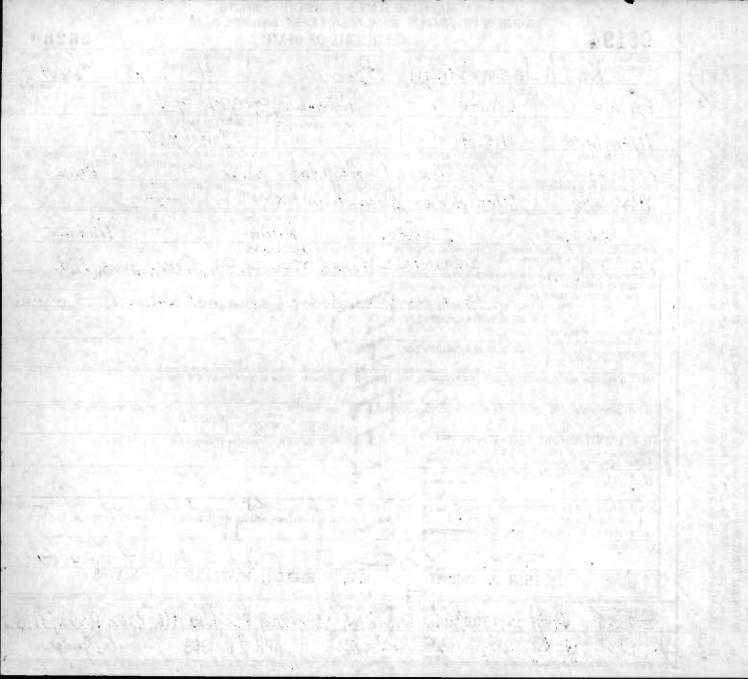
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06289 CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle death requires that the death certificate be executed within 24 hours after deoth pur Month 30 (Type or print) the attending physicion ond completely filled in by the funeral ist permit. Then please remove carbon papers. Pages, I and 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 3. SEX MONTHS DAYS HOURS lost bithdoy) November 9 please remove carbon papers. Pages I, and in any event, within 72 hours af 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED U.S.A WIDOWED [DIVORCED | 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCÚPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress) CITY OR TOW 38. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Regidence before YES NO HNWEST WEENS FOWN Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost HNNA ELLER EORGE 17. INFORMANT HUSBAND 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) 218-14-4059 T. BOONE. cremotion, or removol, RANK 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 week IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to os the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 O FUNERAL DIRECTOR: After this certificate (Enter noture of injury in Port 1 or Port 2, Item 1B.) be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram 3-31, 1968, to 4-19, 1968, that (I) (we) last saw the deceased alive on 4-19, 1968, and that in (my) (our) opinion deoth accurred an the dote and haur and fram the should director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 22e. PARSTON. MARYLAND M. D. CARNEY NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) hesterfield (Emeteron 1968 24. FUNERAL DIRECTOR REGISTRAR 2Sb. 30M REV. 1/68



06195

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death.

Poge 4 moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral adirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer dept.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06201

0020	C.	CER	CHIFICALE OF	DEATH		UO.	ZUL
1. DECEASED-NAME	First	Middle	Last	20	o. DATE OF DEATH		2b. HOUR
(Type or print)	FRANK	H.	Bur	Ko	4 Month	Day Year	350 N
3. SEX	4. RACI	E	S. DATE OF E	SIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
way	(0	Nacon	Aug	12 18	last birthday)	YRS. DAYS	HOURS MIN.
a. BIRTHPLACE (Stote	e ar foreign 7b. CITIZE	N OF WHAT COUNTRY? 8. N	MARRIED NEVER MA	RRIED P. C	OUNTY OF DEATH		
tountry) 12-5.	A - md			RCED 🔲	Talhat	-	Mo
O. CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL OR INSTITU	TION (If nat in haspital		CCUPATION (Kind of work d		BUSINESS OR
Easton	~	give street address)	HOSD.	during mast a	of working life, even if retire	ed.) INDUSTRY	for free!
3a. USUAL RESIDENC	E (Where deceased lived, i	f institution: Residence before 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	R	1
odmissian) STATE	Md 13b. (OUNTY TA- 15	Bellevue	YES NO	Oree 71	57.	
14. FATHER'S NAME	First	Middle Last	1S. MOTHER'S A	MAIDEN NAME First	Midd	le	Last
	2 cm Ren	on -	5	Enn Y	Gibs	on	
	EVER IN U.S. ARMED FORCE		17. INFORMANT		Addre	SS	
Yes, no, or unknov	(If yes give war or dates of	service) 2/3-01-10	18 /11/40	· house	Ho Ad	ams Be	lluve
18. CAUSE OF	DEATH (Enter only one cou	se per line for lab (b), and (c).)	. //	6			IMATE INTERVAL: DNSET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	6 // 17/1/1/	MAN	Much	reamen	21	11/12.
4120		TO, OD AS A CONSEQUENCE, OF		The state of the s	11.11	1 20 16	
	ny, which gave)	w/hllhla	Wille	14/11	Mhallo la	2 R 19	W.
	ote cause (a), (derlying cause DUE	TO, OR AS A CONSEQUENCE OF			Comme Comme	9 /10/	-
lost. 422	derifing coose	(c)		3 - 37 (1) 40			
PART 2. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PART 1(a)	ALCO DO	
= ////	MANO	1 1. MM	12.				
NO DATE OF OP	ERATION 19b. CONDITION	FOR WHICH OPERATION WAS PERFOR	MED 20a. AUT	OPSY?	20b. IF YES, WERE FINDIN	GS CONSIDERED IN C	ERTIFYING
Ĕ			YES	ON O	CAUSES OF DEATH?		
		. TIME OF INJURY	21c. HOW INJURY OF	CURRED (Enter not	ure of injury in Part 1 or Pa	rt 2, Item 18.)	
	G CAUSE OF DEATH HO	UR A.M. Manth Doy Yeor P.M. 19					
21d. INJURY O	CURRED 1214 PLACE OF	INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Stre	et ar R.F.D. No.	City or Town	County	State
While Not	while	Corrice building, etc.					
22o. I certif	y that (I) (this hospit	al) attended the deceased f	10m 2-24	1960	, to 4-16	, 19 <u>68</u> , that	(I) (we) las
saw th	e deceased alive an	(did) (did view the bad	25. and that in (n	ny) <u>(our)</u> opinior	n deoth occurred on th	e dote ond hour	and from th
22b, SIGNATUKE	sidied above, (i) (and) (did) (as mot) view the body	y affer death.		T	22c. DATE SIGNED	
220 SIGNATURE	01111/1	11/1/1/1/11/	DEGREE PHYS	ING MED.	TOR STAFF	4-17-	68
22d. PHYSICIAN	MIN	ragy, IV	22e. AD	· Dinte	TOK D PRITS.		
NAME (Typ	e) R. Lane Wro	th M.			s. Maryland	1/17/68	
23a. BURIAL CREMAT			TERY OR CREMATORY		id. LOCATION (City or Town)		(Stote)
REMOVAL (Speci	TYL CINL 20	5 mi	1 -	10	Foston -	. ,,	- t -
24. FUNERAL DIRECT		ADDRESS	VICONI.	2So. REC'D BY RE	GISTRAR 2Sb. REGISTI	RAR'S SIGNATURE	7
Marie	11 (I hat	iel Priv	m 15	DATE AP	R 2 3 1968	Helianles	Judge

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		4	225.0			
	2.5		, s		or tow	S. Slexy
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	Succession,		1,1 = 17 , 140 t			Mary No. 10.
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		3.43	Live S.	r brend	11 35/10	(XV) \ 0.14.23

R. LINE SE DE ROMA CHINDRAL MA CHINAD

FOR STATE ny delay is 2 and 3 to

P.M.3

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Departm Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm

DICAL EXAMINER:

TO DEPUTY

This certificate shauld be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06196	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH		3620	20
	ECEASED-NAME First Type ar Print)		Middle	Last	11. 2	2a. DATE KNOWN Mar		2b. HOUR
3. 58	ex male 4. RAGE S) i. DATE OF BIRTH 12/6/19	6. AGE (In year last birthdgy	if under year) Months Days VRS.	IF UNDER 24 HRS HOURS MIN.	DEATH MATED 2 2c. DATE PRONOUNCED DEAT Month Dgy	4/26 1968 Yeor 1968	2d. HOUR
coun		ITIZEN OF WHAT O		MARRIED NEVER MARRIED DIV	ARRIED 9. CO	UNITY OF DEATH		N
10. C	EASTON	11. NAME give street	11111111	RIAL	during mast	OCCUPATION (Kind of work do af working life, even if retired borer		ESS OR
a	USUAL RESIDENCE (Where deceosed I dmission) STATEMaryland	3b. COUNTY TE	lbot T	cappe	YES NO	13e. STREET AND NUMBER Trappe		
14. F.	ATHER'S NAME First	Middle	Last	15. MOTHER'S MA	AIDEN NAME First	Middle	Last	
	evin R. Camper		COCIAL SECURITION	Henrie	etta		Greene	
6a. \	WAS DECEASED EVER IN U.S. ARMED FORC	dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT	- 10	ADDRESS		
			8 20 4132	Doroth	y Camper	r, Trappe,	Maryland APPROXIMATE IN	ITERVAL
	18. CAUSE OF DEATH (Enter anly an PART I. DEATH WAS CAUSED BY		or (a), (b), ond (c).)	1=1	0		BETWEEN ONSET AN	
	1/12 MMEDIATE C	AUSE (a)	Erella	x Stor	mound	36	2-10	come
a	Canditians, if any, which gave		A CONSEQUENCE OF	Day Die	000	7 0 0	Val Oliveral	0
	rise ta immediote cause (a).	(b)	A CONSEQUENCE OF	CW.M.	andre	Marter Con	Jeza Bura	7 015
	stating the underlying couse last.	DUE TO, OK AS A	A CONSEQUENCE/OF					
	PART 2. OTHER SIGNIFICANT CONDITION	(c)	TO DEATH BUT NOT DELAT	ED TO THE TERMINAL	DISEASE OR CONDITI	ON CIVEN IN PART 1(a)		
	443 x	is contributino	DEATH BOT NOT KEEN	ED TO THE TERMINAL	DISEASE OR COMBITT	ON GIATIA NA LYKI 1(d)		
CERTIFICATION	19a. DATE OF OPERATION	19b	CONDITION FOR WHICH	OPERATION			20. AUTOPSY?	
IFICA			WAS PERFORMED?				YES ID	NO T
MEDICAL CERT	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJU HOUR A.M. P.M.	RY Month, Day, Year	21c. HOW INJURY O	CCURRED (Enter nat	ure af injury in Part 1 ar Part	2, Item 18.)	
ME		E OF INJURY (At ho , office building, et		21f. LOCATION Stree	t or R.F.D. No.	City ar Town	County	State
9	220. I certify that I took	chorge of the r	emoins described ob	ave, held an Aut	opsy [], In	spection , Inquiry	and in my	opiniar
	death resulted fram: N	latural causes	Accident [, Suicide ,	Homicide	, Undetermined mann	ner 🗌	
	ACTUAL SIGNATURE WE F	almin	MO		IEF MEDICAL EXAMIN SISTANT MEDICAL EX		DATE SIGNED	/
	NAME (Type)	atimer,	M.D.		PUTY MEDICAL EXAM DRESS(Street, city, to		on, Maryl	and
23a.	BURIAL, CREMATION, 23b. DAT REMOVAL (Specify)		23c. NAME OF CEMET	ERY OR CREMATORY		J. LOCATION (City ar Tawn)	(County) (Stai	,
	Burial 4/3	0/68	Trappe				ot Maryla	nd
24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY RE	EGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE	

Barbara L. Dashiell, 426 Dover St. Easton MAY

Milanlas Judges

VR A15ME (5) 10M REV. 1/68

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	J. Harriell, S.			
		in the second se	THE STATE OF	
		Breeze		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06197	DIVISION OF		RTIFICATE OF DEATH		06203
		CEASED-NAME ype or print)	First RU Me	Middle 2/135A	CARROll	20. DATE OF DEATH CORI Month	Day Year 2b. HOUR
	3. SE	Female	4. RACE	Bite	S. DATE OF BIRTH	6. AGE (In ye lost birthday	OFS IF UNDER 1 YEAR IF UNDER 4 HR MONTHS DAYS HOURS MI
	7a. E	BIRTHPLACE (State or foreign try) Maryland	76. CITIZEN OF W		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
78		ITY OR TOWN OF DEATH EASton	give		DRIAL HOSP, dwing	UAL OCCUPATION (Kind of wark most of warking life, even if re Tred Postmisti	ress Postoffice
5	odmi	USUAL RESIDENCE (Where de ssion) STATE Marylan	d 13b. COUNTY	aroline	Bethlehem YEAR	NO 🗆	
7			ge E. Sell		1S. MOTHER'S MAIDEN NAME Mary 1	Reid	ddle Last
		was deceased ever in U.S. es, no or unknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY NO.			dress Federalsburg, Md
/		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE) Canditians, if any, which go a stoting the underlying cause (state)	ADJUST TO OR THE CAUSE (b)	AS A CONSEQUENCE OF	onia		BETWEEN DISET AND DEATH
X	CERTIFICATION	PART 2. OTHER SIGNIFICANT 493 / Cerel	wh were	UTING TO DEATH BUT NOT Learning TO DEATH BUT NOT LEARNING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF COLUMN AND PRINCE OF THE TERMINAL DISEASE OF THE TER	20b. IF YES, WERE FIN	DINGS CONSIDERED IN CERTIFYING
,	MEDICAL CER	TTIME ITOT WING	DEATH HOUR A.M. P.M.	Manth Day Yeor	21c. HOW INJURY OCCURRED (En		Part 2, Item 18.) Caunty State
		22a. I certify that (1) saw the decease causes stated ab	(this hospitel) att d alive an ave, (I) (we) (did	tended the deceased 19 (did nat) view the ba	from 7 grad, 19 , and that in (my) (our) a dy after death.	pinian death accurred an	the date and haur and fram t
1	22-5-35	22d. SIGNATURE	phen P. Ca	Carry	DEGREE PHYS. 22e. ADDRESS	MED. STAFF PHYS.	22c. DATE SIGNED 4-29-C8
		BURIAL, CREMATION, REMOVAL (Specify)	Sb. DATE April 30,	23c. NAME OF CEN	METERY OR CREMATORY Order Cemetery		Maryland
4) /68	24.	FUNERAL DIRECTOR	Fernence Ho	ADDRESS Tiefe	ulebring mc/ DATE MA		ISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages about be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hau(s expected). Page 4 may be retained by the haspital ar attending physician.

ment Proposition and the state of the state The spenishes I am forest the forest out STATE OF STATE The transfer and the office of the property of the other South and the state of the stat The Lorent L. Torney . T. March. Maryland . 429/66 Abbreval reduced to the relation of the little later. Later

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT DECEASED-NAME 20. DATE KNOWN (Type or Print) OF ESTIny delay is 2, and 3 to PM3. Page Joseph Chase DEATH MATED 4 RACE 6. AGE (In years IF LINOER 1 YEAR IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday MONTHS the State Departm approx. 79RS Negro Unknown Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Give Pages 1, with farm Talbot WIDOWED T DIVORCED IISA Tal bot 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
Butler give street oddress) Street Oxford Office alang land 2 with death. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Talbot odmissima Wland Oxford YES NO pencil in Item 18. First Street 24 haurs after 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Unknown Unknown pages Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS be executed within (Yes, no, or unknown) 218-20-5910A Hytolia Bailey First Street. Oxford File Ξ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORGNARY OCCLUSION pending event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate. pe crematian, ar 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Vaur foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE C AT WORK burial for 22a. I certify that I taak charge af the remains described above, held on Autapsy Inspection X Inquiry the funeral directar. Accident . death resulted from: Notural causes Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, O DEPUTY FOR DEPUTY MEDICAL EXAMINER KX **EXAMINER'S** Health Louis S. Welty NAME (Type) ADDRESS(Street, city, town, or county) 50 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

VR A15ME [5]

06204

2b. HOUR

2d. HOUR

Yeor

1968

12b. KIND OF BUSINESS OR

lost

26

INDUSTRY

None

Maryland

20. AUTOPSY?

County

22b. DATE SIGNED

4-28-68

(County)

Melionlas Judge

Talbot Maryland

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(Stote)

Yeor

Doy

Burial (Specify) 4/30/68 Richards Memorial Easton Maryland 21601250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Barbara L. Dashiell 426 Dover St. Easton DATE APR 3 (1

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		POTOW		CENTILICA	IE OF DEATH			001	
		CEASED-NAME ype ar print)	First Middle	Cons	daniel)	2a. DATE OF DEATH	ath Day	Year	2b. HOUI
	3. SE	Yemale	4. RACE White	S.	DATE OF BIRTH		(In years irthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H
	caun	9,6.	482	WIDOWED	,	9. COUNTY OF DEATH	7		
78		ITY OR TOWN OF DEATH ASTON USUAL RESIDENCE (Where d	give street address) deceosed lived, if institution: Residence be	MEMORI.	AL during m	AL OCCUPATION (Kind o ost of working life, eve IMITS? 13e. STREET AN	n if retired.)	12b. KIND OF E INDUSTRY	BUSINESS OI
25	admi	ATHER'S NAME First	13b. COUNTY ROLD	IR DE			Middle		Lost
0			GE L. EDM	SCNO	TRMD	NE	Address	SPEA	· ·
			as give war or dates of service)		10. W. C	LENDAN:	LEL, SR		TON ATE INTERVAL
		Conditions, if any, which grise to immediate cause stating the underlying colust.	DUE TO, OR AS A CONSEQUENCE gave (b) DUE TO, OR AS A CONSEQUENCE (c) (c)	E OF		one		1 2	
	2	PART 2. OTHER SIGNIFICAN	NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PAR	T 1(o)		,
X	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WA		20o. AUTOPSY? YES NO	CAUSES OF DEA			RTIFYING
	MEDICAL CEI	21a. ACCIDENT WAS UNDED TO BE CONTRIBUTING CAUSED (If either, natify medical e	DF DEATH HOUR A.M. Manth Day P.M.	Year 19	/ INJURY OCCURRED (Ente		t 1 or Part 2, It	em 18.)	16
	W	21d. INJURY OCCURRED While Not while at work of wark	21e. PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC					County	Sto
		saw the decease	(this hospital) attended the dec ed alive on bove, (I) (wa) (did) (did not) view	19 C/, and	that in (my) (our) op	inion deoth accurre	don the dot	e and hour o	ond from
		22b. SIGNATURE					22c D	ATE SIGNED	
-		22d. PHYSICIAN'S	phen P. Carney,	DEGREE	PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR PHYS. Maryland	-	-22	-6/

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in B director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hay Page 4 may be retained by the haspital ar attending physician.

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24. FUNERAL DIRECTOR

2Sa. REC'D BY REGISTRAR

(County) Nr. Hurlock, Dorchester, Md.

County

2d. HOUR

2Sb. REGISTRAR'S SIGNATURE Laver

22b. DATE SIGNED

4-7-68

Inquiry

Day

Middle

Year

Const.

12b. KIND OF BUSINESS OR

Raleigh

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

20. AUTOPSY?

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ote 3 th	pu		PART 2. OTHER :	SIGNIFICANT CON	DITIONS CONTR	IBUTING TO	DEATH BUT NO	T RELATED T	O THE TERMIN.	AL DISEASE OR	CONDITION	GIVEN IN	PART 1(a)				
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	DIVISION OF	VITAL I	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAI
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within 24 hours tely filled in burs rbon popers. P	1-17	cour	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR INDUSTRY)
mpletely for corbon event, with	20	13a. admi	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before sian) STATE larveland 13b. COUNT albot 13c. CITY OR TOWN 75 No 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 75 NO 13d. INSIDE CITY LIMITS? 15e. STREET AND NUMBER
cion and co	1	14. f	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Frances Bartlett
ificate hysicic pleo			WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wer or deless of service) 216-54-9360 Mrs. Edward Cannon, Trappe, Md.
that the death certificate be executed within 2. an. by the ottending physicion and completely filled transit permit. Then please remove carbon pop cremation, ar removal, and in ony event, within 7.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
ian. I by the tronsit percentage		1000	Canditians, if any, which gave rise to immediate cause (a), but To, OR AS A CONSEQUENCE OF last.
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The lov attend hos be se os the prior	×	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ician: The pital or at rititicate had for use of Heolth		MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
s PHYSIC the hospi this cert detached e Dept. o			21d. INJURY OCCURRED While Not while of twark AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State OFFICE BUILDING, ETC.
TENDING OR: After ould be the Stot			220. I certify that (I) (this haspital) attended the deceased from 41468, 19, to 41468, 19, that (I) (we) las saw the deceased alive an 41468, 19, and that ih (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did hat) view the body after death.
be reto DIRECT ge 3 sh led with			22b. SIGNATURE C. RW. Boin D DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. D 416 68
SPITAI 4 may 1ERAL or, pa d be fi			22d. PHYSICIAN'S NAME (Type) C-RW. BAIN, 210 EAST DOVER, EASTON, Ind.
TO HOSPII Poge 4 m TO FUNERA director, should b	8		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Section (City or Town) (County) (State)
VR A15 30M REV.	(4) 1/68	24.	UNERAL DIRECTOR E. NEUWAM & SON, Easton, Md. DATAPR 1968 golden June 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last ELBERT DECEASED-NAME FirstWT LLTAM Middle EDGAR 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires thot the deoth certificate be executed within 24 hours after death signed by the ottending physicion ond campletely filled in by the funeral buriol-tronsit permit. Then please remove carbon popers. Poges I ond (Type ar print) SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. April 11, 1885 last birthday) Male Negro MONTHS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland USA WIDOWED K DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) INDHSTRYming during most of working life even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) Maryland 13b. COUNDOrchester/ Hurlock R.F.D. YES 🗀 NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last James Robert Chester Annie Mae Jenkins 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (If yes give war or dates of service) 216-54-9409 Mrs. Mardella Cobb, Washington, D.C. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark director, page 3 should be cashould be filed with the Store 220. I certify that (I) (this hospital) attended the deceased from 17 afrec, 1965, to 28 afrec, 1967, that (I) (we) last saw the deceased alive an 27 afrec, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (ve) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Stephen P. Carney M. D. Easton, Maryland 1/29/68 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) REMOVAL (Spellify) May 1,1968 T hompsontown Cemetery Near East New Market, Md. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	EASED-NAME First DERS			NUEL	20. DATE OF DEATH Month	Doy Yeor 20 68	
3. SEX	MALE	4. RACE WHITE	5	7-24-04	6. AGE (In yet lost birthdoy		
7o. BIR country		76. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARKIED	COUNTY OF DEATH		Mo
E	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL give street oddress)	FMORIA	during most		tired.) INDUSTRY	OF BUSINESS OR
13o. US odmissi	SUAL RESIDENCE (Where deceases ion) STATE Many and	d lived, if institution: Residence b	Oxfor	YES NO			
	THER'S NAME First	Henderson En	ranuel)	MOTHER'S MAIDEN NAME First	reglish	ddle	Lost
16o. W Yes	VAS DECEASED EVER IN U.S. ARME , no, or unknown) (If yes give war	D FORCES? or dates of service) 16b. SOCIAL SECT		FORMANT		order of the order	EULAND DXIMATE INTERVAL
Ci rii st	PART I DEATH WAS CALISED	one couse per line for (o), (b), or BY: E CAUSE (o) DUE TO, OR AS A CONSEQUENT (b) DUE TO, OR AS A CONSEQUENT (c)	CE OF OF	condial inf	entton		N ONSET AND DEATH
- 1	1201	ONDITIONS CONTRIBUTING TO DEATH I		THE TERMINAL DISEASE OR CON 20a. AUTOPSY?	20b. IF YES, WERE FIND	DINGS CONSIDERED IN	CERTIFYING
DICAL	To. ACCIDENT WAS UNDERLYING or contributing cause of death feither, notify medicol exomine and injury occurred 21e. F	HOUR A.M. Month Doy P.M.	Yeor 19	YES NO X	CAUSES OF DEATH?	Part 2, Item 18.)	Stote
at	t work ot work	PLACE OF INJURY (AT HOME, FARM, STE OFFICE BUILDING, EI					
	saw the deceased ali causes stated abave,	hospital) attended the development of the developme	196 , and the bady after de	that in (my) (o ur) apiniceath.	an death accurred an	the date and have	ir and fram the
	2d. PHYSICIAN S NAME (Type)	Was O Ca	DEGRE DEGRE	22e. ADDRESS	CTOR STAFF PHYS.	22c. DATE SIGNED	2-8
230 B	DIEDIA COEMATION 225 D	nen P. Carney, ATE 73,68 23c. NAM	ME OF CEMETERY OR CO		23d. LOCATION (City or Town	(County)	(Stote)
24. FL	INERAL DIRECTOR	GAO.	PRESS A	2So. REC'D BY I	REGISTRAR 2Sb. REGISTRA 25 1968	STRAR'S SIGNATURE	Jusque

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de<u>ath</u> **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 h Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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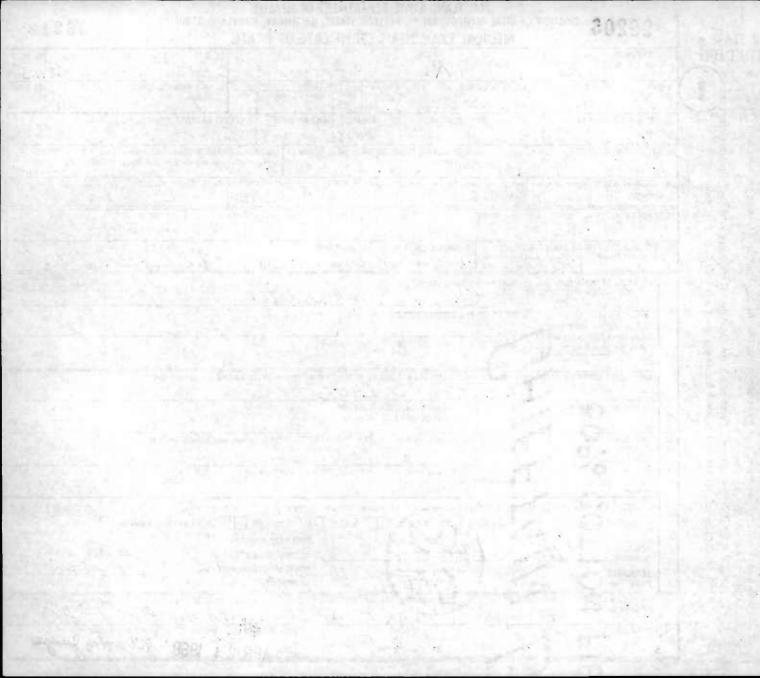
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0620	(4)			CERTIF	ICATE OF	DEATH				TI I	06	21	3
I. DECEASED-NAME	First		Middle		Lost		2o. DATE C		D.	v.			HOUR
(Type or print)	Amy		Shiple	У	Hambl	eton		April	Tal	19	68	3'	A
SEX	4	. RACE			S. DATE OF	BIRTH		6. AGE (In yea last birthday)	rs	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.
Female		Wh:	ite		July	15 18	77	90 minday	YRS.	MUNTHS	DATS	nouks	Min
o. BIRTHPLACE (State or 1	fareign 7b.	CITIZEN OF WE	HAT COUNTRY?	8. MARRIE	D NEVER M	ARRIED	9. COUNTY O	OF DEATH					
ountry) Marylan	nd	Unit	ed Stat			ORCED 🗌		Tal	bot	,			
. CITY OR TOWN OF DEA	TH		AME OF HOSPITAL OF	R INSTITUTION (f not in haspital	12o. USUA	L OCCUPATIO	N (Kind of wark	done			USINESS	OR
t. Michae	els	gwe R	street oddress)	a Nur	sing H	lome n	one	g life, even if ret	rea.)	INDUS	IKT		
a. USUAL RESIDENCE (WI	here deceosed l	ived, if institut	ian: Residence befo	ore 13c. CITY	OR TOWN	13d. INSIDE CITY LI		STREET AND NUMB	ER				
Imission) STATE Maj	ryland	13b. COUNTY	albot	Eas	ton	YES NO) Ha	rriaon					
4. FATHER'S NAME F	irst	Middle	Los	st	1S. MOTHER'S	MAIDEN NAME F	irst	Mid	dle			Lost	
Ja	ames	Par:	rott Ha			nna Jo	nes						
6a. WAS DECEASED EVER Yes, na, ar unknown)	IN U.S. ARMED		16b. SOCIAL SECUR	RITY NO.	7. INFORMANT			Add	ress				
nes, na, ar orikitawir)	(11) 22 9111 11 21 21				R.E.	Clark		East	on,	Md		ATE INTER	
18. CAUSE OF DEAT	H (Enter only or	ne couse per li	ne for (o), (b), one	(c).)								SET AND T	
stating the underly last. PART 2. OTHER SIGN)	(c) de	AS A CONSEQUENCE	sile	TO THE TERMI	NAL DISEASE OR C	CONDITION GIVE	VEN IN PART 1(0)	19	,			
19a. DATE OF OPERATI	ON 19b. CON	DITION FOR WH	IICH OPERATION WA	S PERFORMED	20o. AU YES [- 4	CALIS	IF YES, WERE FIND SES OF DEATH?	INGS CO	ONSIDEREI	D IN CE	RTIFYING	G
21a. ACCIDENT WAS	UNDERLYING	21b. TIME O	F INJURY	21c.				jury in Part 1 ar F	ort 2, 1	tem 18.)			
OR CONTRIBUTING (If either, notify med		HOUR A.M.	Month Doy Y	rear									
21d INJURY OCCURE	RED 21e. PLA		AT HOME, FARM, STREE OFFICE BUILDING, ETC.		LOCATION St	reet or R.F.D. No.	. Ci	ty or Town		County		5	Stote
While Not while					101	^		1 11		10			
	nat (I) (this h eceased alive ted above, (I	naspital) att e an) (we) (did)	ended the deco	eased fram 1966, the bady aft	and that in (er death.	, 19 my) (o or) api	, ta nian death	accurred an t				(I) (wanted	e) i am i
22b STO NATURE	mhi	reet	ery	1 m	ATTEN PHYS.	D	NED.	STAFF PHYS.	220.1	DATE SIGN	2 -	-60	A
22d. PHYSICIAN'S NAME (Type)	Tuy	mI	Reef	nh	22e. A	im	ies	Rock	3	me	1		
30 BURIAN, CREMATION, REMOVAL (Specify)	23b. DATI		8 23c. NAME	OF CEMERY	OR CREMATORY		Sa	MON (City or Town	8	Count		(State	e)
24. FUNERAL PIRECTOR	3/	7	ARD	RESS Z	ment.	2So. REC'D B	Y REGISTRAR	25b. REGIS		SIGNATU		neg	4

death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the ful director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Pages I should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in ony event, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

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	PART 2. OTHER SIGNIFIC
	Congest
5	190. DATE OF OPERATION
- 1	

DECEASED-NAME

(Type or print)

Easton

14. FATHER'S NAME

Yes, no or unknown)

3. SEX

death.

and in any event, within 72 hours after

or removol,

burial, cremation,

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 moy be retained by the hospitol or ottending physicion.

3 should be detached far with the Stote Dept. of Hec

director, poge should be filed

210. ACCIDENT WAS UNDERLYING

Stote

(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town While Not while at wark

220. I certify that (I) (this hospital) attended the deceased from 2-10, 1964, to 4-18, 1964, that (I) (we) lost sow the deceased alive on 4-6, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above (1) (we) (did) (did not) view the body ofter death.

ATTENDING PHYS.

22c. DATE SIGNED

23a. BURIAL, CREMATION REMOVAL (Specify)

22b. SIGNATURE

BURIA

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. 24. BUNEBAL DIRECTOR VR A15 (4) 30M REV. 1/68

22d. PHYSICIAN'S NAME (Type)

20 1968

23b. DATE

21617

22e. ADDRESS

EMETERY

County

(County) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06203 06214 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 3. SEX 4 RACE IF LINDER 1 YEAR last birthday) SHTMOM OAYS HOURS within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED papers. (ountry) WIDDWED DIVORCED [nin 24 filled NAME OF HDSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during many of working life, even if refired remove carbon physician and completely en pleose remove carbon 106 event, 13e. STREET AND NUMBER 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? JSC. CITY OR TOWN requires that the death certificate be executed admission) STATE 13b. COUNTI 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle First Middle OREXI puo 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes, na. ar unknawn) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave buriol-tronsit rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? SD CAUSES OF DEATH? NO X YES 🖂 'O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) Po OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Not while of work 220. I certify that (I) (this hospital) ottended the deceased from. _1968, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased olive oncauses stoted obave, (1) (we) (did) (did nat) view the bady after death 22b SIGNATION 22c. DATE SIGNED filed DIRECTOR 22e. ADDRESS PHYSICIAN'S Easton, Maryland 21601 Howard F. Kinnamon NAME (Type) director, should b 230. BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) (County) (Stote) REMOVAL (Specify) Dr. 10-6 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06209. CERTIFICATE OF DEATH Last 2g. DATE OF DEATH DECEASED-NAME 2b. death. Violet Elizabeth Marshall (Type or print) 3. SEX DATE OF BIRTH 6. AGE (In years law requires that the death certificate be executed within 24 haurs after last birthday) DAYS HOURS White Female 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. Talbox Maryland.

10. CITY OR TOWN OF DEATH WIDOWED -DIVORCED 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Sherwood I rura 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before and in any event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY albot Sherwood runal 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle harles Abell Louise Berier 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, ar unknawn) Jones. Shenwood Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, Conditions, if ony, which gave) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 422 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF PART 1(a) as the has been CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. Na. 21e. PLACE OF INJURY City or Town County State While Not while at wark ATTENDING PHYS. directar, page 3 shauld be filed v 22e. ADDRES 23c. NAME OF AMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) New (athedral 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 06210 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First death. Manth (Type or print) IF UNDER 24 HRS. IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (in years 4. RACE 3 SFX last birthday) DAYS MONTHS HOURS 0 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign country) DIVORCED TV WIDOWED physician and campletely filled dod 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH within requires that the death certificate be executed within INDUSTRY during meet of wasking life, even if retired.) 13e. STREET AND NUMBER 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. USVAL RESIDENCE (Where deceased lived, if institution: Residence before and in any event, admission) STATE 13b. COUNTY NO 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Last 17. INFORMANT 16b. SOCIAL SECURITY NO Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? MITCHAEL MEBRS (If yes give war or dates af service) Yes, na, ar unknown signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, the attending pacit permit. The CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the O FUNERAL DIRECTOR: After this certificate has been State Dept. af Health priar ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED SD CAUSES OF DEATH? YES [NO 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. County State 21e. PLACE OF INJURY City or Town While Nat while at wark at wark -22a. I certify that (I) (this haspital) attended the deceased from 12 , 1968, to 12 , 1968, to 12 , 1968, that (I) (we) lost saw the deceased glive on 12 12 1968, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive on___ , page 3 shauld be filed with the causes stated obove, (I) (we) (did) (did nat) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 210 directar, shauld be

23c. NAME OF CEMETERY

OR CREMATORY

LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

(County)

2Sb. REGISTRAR'S SIGNATURI

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BURIAL, CREMATION

FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

/		O C 14 T 10	CERTII	ICATE OF DEATH								
4		DECEASED-NAME (Type or print)	Middle	Last	2o. DATE OF DEATH Manth Do	Y Yeor 2b. HOUR						
7		nil ip	ARD Nec	eves		68.10 M						
	3. SE	Male 4. RACE Who	te	S. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						
		a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WH)	WAKKIE	D NEVER MARRIED	9. COUNTY OF DEATH							
	COU	IEXAS U.S.	A. WIDOWE	D DIVORCED _	1Alpot	Md.						
8	10. C	give st	ME OF HOSPITAL OR INSTITUTION () reet oddress) Meynd Real		L OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF PUSINESS OR INDUSTRY MERCLIANT						
7	13o. odmi	30. USUAL RESIDENCE (Where deceosed lived, if institution dmission) STATE (A) (13b. (OUNTY)	in: Residence before 13c. CITY WHANKS	1111								
2	14. F	4. FATHER'S NAME First CALDWELL	REEVES	15. MOTHER'S MAIDEN NAME FI		BARNES						
Ì	16o. Y	M. I different all and deliver of the first		INFORMANT wife As Edith M.K	REVES CENTREVI	lle, Md. 21619						
	ATION	conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS (c). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	A CONSEQUENCE OF A CONSEQUENCE OF	TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a) THES FIRST OF SET 1206. IF YES, WERE FINDINGS (BETWEEN ONSET AND DEATH SONSIDERED IN CERTIFYING						
,	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF	INILIRY 21c	YES NO	CAUSES OF DEATH? noture of injury in Port 1 or Part 2,	Itam 18 \						
	MEDICAL		Month Day Year	THE THE STATE OF T	tiologo or sirjery in rott t of rail 2,	10.11						
		21d. INJURY OCCURRED 21e. PLACE OF INJURY (while of work of work		LOCATION Street ar R.F.D. Na.	City ar Town	County State						
		220. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I) (we) last sow the deceased alive on, 19, and that in (my) (our) opinion death occurred on the date and hour and from the courses stated above, (I) (we) (did not view the body after death.										
		22b. SIGNATURE	DEGREE PHYS. DIRECTOR									
		22d. PHYSICIAN'S NAME (Type) E-C-H-S	chmidt	22e. ADDRESS V	ton Mary	level						
	J	30. BURIAL, GREMATHON, PRIMOVAL (Specify) April 4,196		EMELERY	NEW ORLEANS, ORL	(Gounty) (State) EARS PARISH LA.						
	24	4) FUNERAL DIRECTOR	ADDRESS Culturella	mo PR	4 1968 25b. PECISTRAR'S	SIGNATURE						

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages Transit shauld be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deather.

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06213	DIVISION OF VITAL RECORDS,	06219		
1. DECEASED NAME (Type or print) Paul	WERNON Middle	SHOCKley	2o. DATE OF DEATH Month Doy	Yeor 958
3. SEX male	4. RACE White	S. DATE OF BIRTH 4/13/1	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (Stote or foreign country)	76. CITIZEN OF WHAT COUNTRY? US 12	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH TA 1601	M
10. CITY OR TOWN OF DEATH EASTON	11. NAME OF HOSPITAL OR IN give street oddress)		AL OCCUPATION (Kind of work done ost of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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14. FATHER'S NAME First	Middle Lost LT&M SHOCK	Is. MOTHER'S MAIDEN NAME LORE		OHEE
16o. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	MED FORCES? rear or dates af service) 16b. SOCIAL SECURITY	NO. 17. INFORMANT MRS. ROUL	V. SHOCKLEY	TRAPPE, MD.
PART I. DEATH WAS CAUSE	ly one couse per line for (a) (b), ond (c) D BY: ATE CAUSE (o)	sdial Infor	ctions	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Coxonery Me	prisowing	
8 4201	NOTIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	ONSIDERED IN CERTIFYING

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely <u>filled</u> in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital or attending physician. CERTIFICATI I 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO. 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter noture of injury in Port 1 or Port 2, Item 18.) 21c. HOW INJURY OCCURRED or CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. MEDICAL Month Doy Yeor 21d. INJURY OCCURRED
While Not while of work AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town 220. I certify that (I) (this hospital) attended the saw the deceased alive of deceosed from saw the deceased alive of the date and haur and from the couses stated above, (1) (vid 16) (v 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR O HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. Ro

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County

22c. DATE SIGNED STAFF PHYS.

LOCATION (City or Town) CERNSBOR

24. FUNERAL DIRECTOR

1968 REC'D BY REGISTRAR APR 9

REGISTRAR'S SIGNATURE

(County)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06220 CERTIFICATE OF DEATH 2g. DATE OF DEATH Middle 2b. HOUR DECEASED-NAME First Mantho (Type ar print) Sinclair E. Mary 4. RACE 5. DATE OF BIRTH IF LINDER 1 YEAR 3. SEX 6. AGE (In years within 72 haurs after last birthday) physician and campletely filled in by the f en please remave carban papers. Pages HOURS White Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7p. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Talbox Maruland USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during misst of working life even if retired.) **INDUSTRY** Tilahman 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before and in any event, 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) Manueland 13b. COUNTY Talbox Tilohman YES C NO 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Last Joseph H. Wilson Wayman Sinclair, Tilghman, Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Y95 pg, ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line)6 and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR Canditians, if any, which gave; burial-transit rise ta immediate cause (a). DUE TO, OR AS/A CONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO [O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1902 and that and that in (my) (eur) apinian death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) directar, should b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 1968 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, REMOVAL (Spicity) (County) (State) Sherwood, 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

requires that the death certificate be executed within 24 haurs after death

24. FUNERAL DIRECTOR . NEWWAM & SON, Easton, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06215 06221 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2n DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours-after death. death in by the funeral (Type ar print) Month: SORTORE Burgess CARRIE S. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1-11-1000 188h FEMALE WHITE event, within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED | NEVER MARRIED country) Maryland IISA TALBOT WIDOWED A DIVORCED [the attending physician and campletely filled sit permit. Then please remave carban pape 10 CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Home EASTON PINES 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Maryland 13b. COUNTYTAL bot Oxford RFD. Easton YES or remaval, and in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle ? William RI Burgess Carrie 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? LeCompte Funeral Service records Yes, no or unknown) None APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rterioselo crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gave rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 20 19g. DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 YES 🗀 far use Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year af (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Nat while at work 22a. I **certify** that (I) (this haspital) attended the deceased from 3-20-63 19, ta 4-10, 1968, that (I) (we) last saw the deceased alive an area and haur and from the causes stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR TRAVER M. D. DEGREE directar, page shauld be filed PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Robert Trever, MD NAME (Type) 23a_BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County)

OUDON PARK CEMETERY

2Sa. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1tem 13 taken CERTIFICATE OF DEATH 36223 2b. HOUR 2a. DATE OF DEATH 1. DECEASED-NAME Lost F(Not Named) (Type ar print) Baby IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH last birthday) MONTHS DAYS 22 April' 13. 1968 Colored requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 70. BIRTHPLACE (State of the pri to affizen of WHAT COUNTRY? 8. MARRIED T NEVER MARRIED physician and campletely filled in b WIDOWED [DIVORCED [Easton Maryland
10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY during most of warking life, even if retired.) give street address) remave carban 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR NOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY aroline NO 117 Idlewild Road Federalsbur Maryland 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Last Martha Ricketts Mr. Maurice F. Stanley please 17. INFORMANT Addrewederalsburg. Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) rs. Maurice F. Stanley (Mother) 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove: signed by the burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? NO X YES T O FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) State (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town 21d. INJURY OCCURRED 21e. PLACE OF INJURY County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 4-13 saw the deceased alive an 4-13 1968, and that in (n . 19 68 . ta _1968, and that in (my) (our) apinian death accurred on the date and hour and from the directar, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATUR MED. DIRECTOR STAFF PHYS. ATTENDING 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (Caunty) (Stote) 23a. BURIAL, CREMATION, 23b. DATE Envineration Memorial Hospital Easton, Maryland 2Sa. REC'D BY REGISTRAR 2Sb. REGISTPAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV, 1/68 Memorial Hospital Easton, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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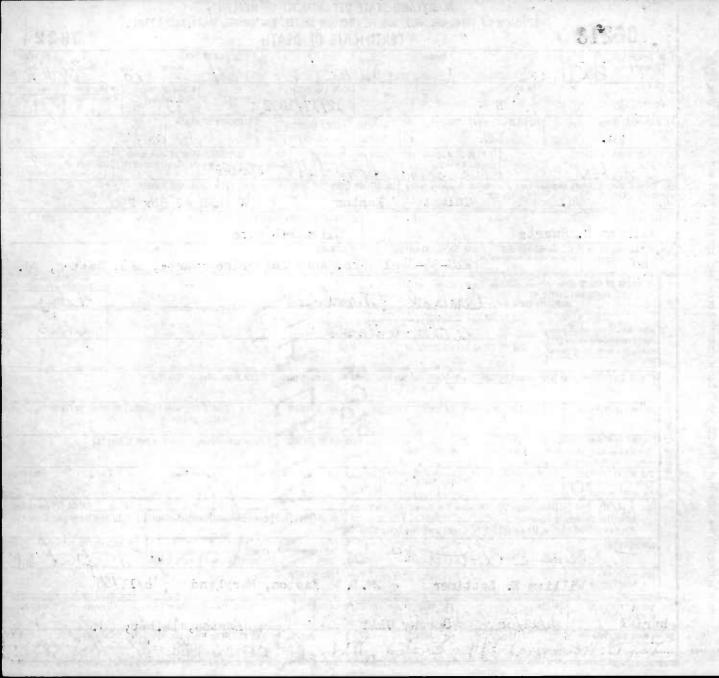
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	Pag S		70 D	RTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	18		2, 1893	OF DEATH	YRS.	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haufs	d in b pers. 72 hau		(OUT		U.S.A.	WIDOWED	NEVER MARRIED DIVORCED		TAL	bot	Md.
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cuted	pnysician. signed by the attending physician and campletely filled in-burial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 ha	17	odmis		lived, if institution: Residence before 130 COUNTY	13c. CITY OR	WILL EXES D		e. STREET AND NUMBI	tK	
exe	and c remo	2	14. F	THER'S NAME First	Middle Los	15.	MOTHER'S MAIDEN	NAME First	Mide	dle	Lost
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icate	physician on please aval, and i			WAS DECEASED EVER IN U.S. ARMED s, no, or unknown) (If yes give work	D FORCES? or dates of service) 16b. SOCIAL SECURI	1Y NO. 17. IN	FORMANT MRS	1/12/	A Sa Addr	LIKA	SON VILLE
ertif	ph)			O CAUCE OF DEATH (C-+		(-))	141/1/2	104	A Sagin	APPROX	XIMATE INTERVAL
£	lan. I by the attending p transit permit. The crematian, ar rema			PART I. DEATH WAS CAUSED I	one couse per line for (o), (b), ond BY:	(G)	al t	Qo st	Former	0	ONSET AND DEATH
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that	by trans	18		rise to immediate couse (a), (stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF					an
res	pnysician. signed by burial-trai			lost.	(c)						
equi	sign bur bur			PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1(o)		
≥ :	een the		NO	/5 / X	CHAITION FOR WHICH ORER ATION WAS	2000000000	Leo AUTORGIO	Loo	LE VEC WEDE FINDS	INCC CONCIDENCE IN	CERTIFYING
o e lo	ar arrenaing ite has been use as the salth priar ta l	V	CERTIFICATION	196. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS	PERFURMED	20o. AUTOPSY?		USES OF DEATH?	INGS CONSIDERED IN (LEKTIFTING
- E	ar a te h use alth	X	CERTI	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HO			injury in Port 1 or Po	ort 2. Item 18.)	
S A	ifica for if He		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Y			(2.110) 1101010 01			
IYSI	rne naspıral r this certificc detached fa te Dept. af He		MED	21d. INJURY OCCURRED 21e. Pl			CATION Street or R.I	F.D. No.	City or Town	County	Stote
PH	this deta e De	30		While Not while twork					a factor		
N	oy of the state of			22a. I certify that (I) (this	haspital) attended the dece	ased fram.	~ 7	, 19 <u>68</u> , ta	4-4	_, 19 <u>68</u> , tho	t (W) (we) lost
EN EN	DIRECTOR: A DIRECTOR: A je 3 shauld ed with the			couses stated obave.	(I) (we) (did (did not) view t	ne body ofter d	eoth.	ir) opinian deo	in accurred on ti	ne dote ond hour	and fram the
AT	sho sho	- 44		22b. SIGNATURE		301237		MED.	CTAFF	22c. DATE SIGNED	
S.	DIR DIR Je 3 Jed v	10	П	Rober	it W. Trever,	M. D DEGRE	1 17101	DIRECTOR	STAFF PHYS.	サーサ	-68
TO HOSPITAL	rage 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to	1		22d. PHYSICIAN'S Robert	W. Trever	M.D.	22e. ADDRESS	RD3	Eas	ton, M.	d.2160
HO	FUN rect	Ω	230.	REMOVAL (Specify) 23b. DA	ATE / 10/0 23s. NAME	OF CEMETERY OR	REMATORY	23d, LO	CATION (City or Town) (County)	(Stote)
20	5 5 5 42	N		1/2	- 6-1768 CAE	STER	· iELD.	LE	NTREU!	LE QI	1, 110
	VR A15 (30M REV.	4)	24	UNERAL DIRECTOR	CHADDR	7-111	10 0	REC'D BY REGISTRA	1968 REGIS	TRAR'S SIGNATURE	Judge
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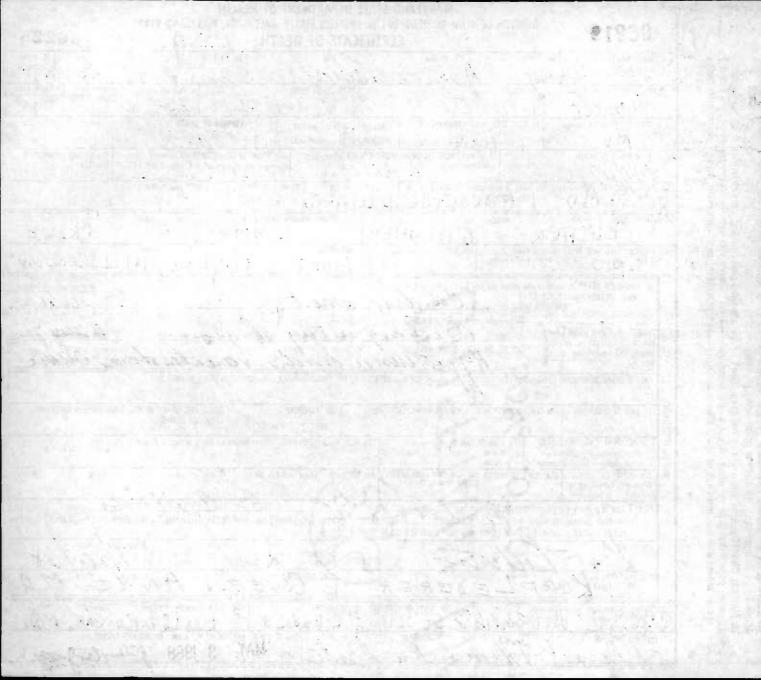
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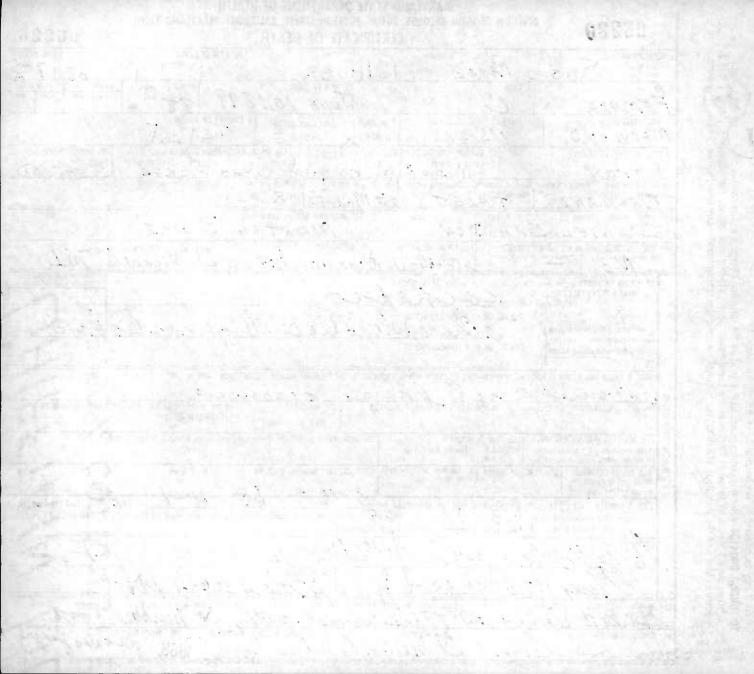
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00410			ERTIFICA	TE OF DEATH			06224
#		CEASED-NAME (Firs	it	Middle	5	Lost	20. DATE OF DEA	TH Month Doy	Yeor / // 55
8	3. SI	X	4. RACE		OWF.	DATE OF BIRTH	7	AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
78 201		M	W			12/17/1892	lo	st hirthday) YRS.	MONTHS DAYS HOURS MI
2.9	7a.	SIRTHPLACE (State ar foreign	7b. CITIZEN OF WI	IAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEA	1	
		Ma.	USA	HE OF HOSPITAL OR INC	WIDOWED	DIVORCED	1 A	1007	The way or a service of
		ITY OR TOWN OF DEATH	givers	AME OF HOSPITAL OR INST Treet oddress)	Hos	p, +A during	UAL OCCUPATION (Kin most of working life,	even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
78, 20,1	13o. odm	USUAL RESIDENCE (Where decedes ssion) STATE Md	osed lived, if institut 13b. COUNTY	on: Residence before Talbot	13c. CITY OR TO	Vec 🗀		AND NUMBER 2 Box 250	0
-1	14.	ATHER'S NAME First	Middle	Lost		NOTHER'S MAIDEN NAME		Middle	Lost
	160	William H. Sw: WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY N		Elizabeth :	Zinc	Address	
	100.	es, no or unknown) (If yes give	war or dates of service)	218-34-84		. Anna Nati	herine Swa		Easton, Md.
		1B. CAUSE OF DEATH (Enter of	only one couse per lin						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ED BY-	Erebral		rabicesis			4 day
		4539	DUE TO, OR	S A CONSEQUENCE OF	M				0
		Conditions, if ony, which gave rise to immediate couse (a),	(b)	atkeros	och the	10	100		years
		stoting the underlying couse lost.	DUE 10, OR A	S A CONSEQUENCE OF					
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE OF	R CONDITION GIVEN IN	PART 1(o)	
100	N	332 X			6.00	150			
Χ	CERTIFICATION	190. DATE OF OPERATION 195	o. CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20o. AUTOPSY? YES NO [CALISES OF		NSIDERED IN CERTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, notify medical example)	ATH HOUR A.M.	INJURY Month Doy Yeor		INJURY OCCURRED (En	ter noture of injury in	Port 1 or Port 2, Ite	em 18.)
	ME					TION Street or R.F.D. N	lo. City or T	own	County Stote
		22o. I certify that (I) (t	his hospitol) otto	ended the deceose	d from	, 19.	, to	, 19	, that (I) (we) to
1		sow the deceosed couses stoted obov	alive on ve, (l) (we)(did)	(did not) view the b	ody ofter de	not in (my) (our) o oth.	pinion deoth occu	rred on the dote	e ond hour ond from t
		22b. SIGNATURE		of me	0_	ATTENDING -	MED. ST	AFF 22c. DA	ATE SIGNED
	Н	William S	m E X	atmix me	DEGREE	PHYS. L	DIRECTOR P	iys.	cipiel 6
1		NAME (Type) Will:	iam E. La	ttimer	M. D.	Easton,	Maryland	4/11/	/68
P	230.	DEMOVAL (Consider)	. DATE	23c. NAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION (C	ity or Town)	(County) (Stote)
38			1/12/68	Spring	Hill	DC. DECID	Easton	Talbot	Md
	24.	FUNERAL DIRECTOR	101	ADDRESS		250. RECD	BY REGISTRAR	2Sb. REGISTRAR'S SI	IGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06213 36225 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH First Middle 2b. HOUS event, within 72 hours after deoth pup (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. lost birthday) MONTHS HOURS -30-7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH The law requires thot the deoth certificate be executed within 24 hour 8. MARRIED NEVER MARRIED country) the attending physicion and completely filled in sit permit. Then please remove corban papers. WIDOWED [DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most af working life, even if retired.) INDUSTRY 13d, INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e STREET AND NUMBER odmissian) STATE 13b. YES INO ond in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown (If yes give war or dates of service) or removol, 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause cardir-vascula PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending os the this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 10 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year of (If either, natify medical examiner) P.M detoched / AT HOME, FARM, STREET, FACTORY. \ 21f. LOCATION with the Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deseased from saw the deceased alive an 1900, and that couses stated obove, (I) two) (did) (did not) view the body after death. VC pe Poge 4 moy be retoined by _196 d, and that in (my) (our) opinian death occurred an the date and hour and from the should 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) EDERER director, I should be BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) 0 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR AT5 (4) 30M REV, 1/68 1968





BALTIMORE, MARYLAND 21201

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222	CERTIFICATE OF DEATH
000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL

	ECEASED-NAME Type or print)	A First N	lan	Middle		Lost		20. DATE OF DEATH	onth Qo	y Year	2b. HOUR
3. SI	FX .	14 WINS	. RACE	101	10	S. DATE OF B	IRTH	6 AG	E (In yeors	IF UNDER 1 YEAR IF	UNDER 24 HRS.
	female		white	е			, 1886	lost 8	birthdoy) 1 YRS.	MONTHS DAYS	IOURS MIN.
70.	BIRTHPLACE (Stote or f	oreign 7b.	CITIZEN OF WHA	AT COUNTRY?	8. MARRIED [KKIED	COUNTY OF DEATH		/	
	Kent -	Maryla	ind	USA	WIDOWED [RCED 🗌	1 a	1607		Md.
10. (city or town of dea Easton	TH	give st	ME OF HOSPITAL OR INS			during most	OCCUPATION (Kind of working life, ev	en if retired.)	12b. KIND OF BU	Imrea
130.	USUAL RESIDENCE (WI	nere deceosed li	ved if institution	emorial n: Residence before/	13r CHTY-OR	TOWN	TBd. INSIDE CITY LIMIT	13e. STREET AN		Practica	
odm	ission) STATE Md	. 1	3b. COUNTY	Queen An	ne	rrevi	AEP NO	RFD	2		
14. [irst	Middle	Lost	15.	MOTHER'S M	AIDEN NAME First		Middle		Lost
		rneilu					France	s Booke			
	(es no or unknown)	IN U.S. ARMED F	- t t t t	16b. SOCIAL SECURITY N		NFORMANT			Address	. 7 7	
	(es, no, or unknown)			215 20 4	225	Mrs.	Doris	Conley	Centi	ceville,	
		H (Enter only on WAS CAUSED BY:		for (o), (b), ond (c).	1 5	1	, .			APPROXIMAT BETWEEN ONSE	
	1/200	IMMEDIATE C		Chibu	el 7	Uron	me				
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gove (b)										
	stoting the underly		DUE TO, OR AS	A CONSEQUENCE OF							
	lost.	,	(c)								
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)										
8	332X					Lee dim		Tank is was in	EDE EMBRAIOS	CONCIDENCE IN CENT	TENNIO.
CERTIFICATION	190. DATE OF OPERATI	ON 19b. COND	OTTION FOR WHIC	H OPERATION WAS PE	REORMED	RMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				IFYING	
LCE	210. ACCIDENT WAS		21b. TIME OF		21c. HO	W INJURY OC	CURRED (Enter n	oture of injury in Po	ort 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med		HOUR A.M. P.M.	Month Doy Yeor							
ME	21d. INJURY OCCURR While Not while of work	ED 21e. PLAC	E OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO	CATION Stre	et or R.F.D. No.	City or Tow	'n	County	Stote
		ot (I) (this h	ospitol) otte	nded the decease	d from	4 who	1968	, to 25	Mm . 19	248, that ((we) lost
	220. I certify that (i) (this hospital) attended the deceased from 24 from 1968, to 25 from 1968, that (i) (we) lost saw the deceased alive on 1968, and that in (my) (our) opinion death occurred an the date and haur and from the couses stated above, (i) (we) (did) (did not) view the body ofter death.										
	22b. SIGNATURE										
	22d. PHYSICIAN'S			1		22e. ADI	DECC .		4		
	NAME (Type)	HURS	TON	HARRIS.	ON	ZZe. ADI	East	Ken	y lan	1	
230.	NAME (Type) BURIAL, CREMATION,	HURS 23b. DATE	TON	HARRIS.			Carta	23d. LOCATION (City	or Town)	(County)	(Stote)
230.	NAME (Type)	23b. DATE 4/28	70N 8/68	23c. NAME OF		CREMATORY	Carth			(County) wn, Md.	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, by shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours.

VR A15 (4) 30M REV. 1/68

STATE OF THE STATE OF

DIVICION OF VITAL DECODING

06223	2	(TE OF DEATH	IIMOKE, MAI	ATLAND ZIZOT	0	6228	
DECEASED-NAME (Type ar print)	First Frances	Middle S.		lost Turner	2a. DATE OF		23 Yeg8	2b. HOUR 8 A	
3. SEX Femal	4. RACE Whi	ite	S.	9-10-86		6. AGE (In years last bigthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
7o. BIRTHPLACE (Stote country)	or foreign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF			м	
10. CITY OR TOWN OF EAston		11. NAME OF HOSPITAL OR INS	TITUTION (If not The Pi	in hospital 12a. USU during m		(Kind of work done life, even if retired.)	12b. KIND OF E	JUSINESS OR	
13o. USUAL RESIDENCE admissian) STATE	(Where deceased lived, if	institution: Residence before UNTY	13c, CITY OR TO	VEC ENT A	1001 01	REET AND NUMBER			
14. FATHER'S NAME	ohiv	iddle Last EREE	N		First NNA	Middle	NIOOR	Last	
16o. WAS DECEASED E Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give war or dates of se			HS. Edw.	NITUR	NER CEN	+REVILL	E Ma	
PART I. DEA 195 Canditions, if on rise to immedia stating the und last.	ITH WAS CAUSED BY: IMMEDIATE CAUSE (country) DUE To the couse (a). Iderlying cause (a).	O, OR AS A CONSEQUENCE OF (b) (c) (c) (intributing to death but no	inal_	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(a)	Felr.	1968	
19a. DATE OF OPE	RATION 19b. CONDITION I	FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO	CALICES	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CER	RTIFYING	
☐ OR CONTRIBUTING	medical examiner)	TIME OF INJURY R A.M. Manth Day Year P.M. 19		INJURY OCCURRED (Ente	er nature af inju	ry in Part 1 ar Part 2,	Item 18.)		
₹ 21d. INJURY OCC While Nat w at work at w	CURRED 21e. PLACE OF III	NJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.F.D. No.	a. City	or Town	County	State	
saw the	22a. I certify that (I) (this haspital) ottended the deceosed from Fall , 1968, to H - 23 , 1968, that (II) (we) I saw the deceased alive an 1968, and thot in my (our) opinion death accurred on the dote and hour and from a couses stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE	Robert V	V. Thever	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED		
22d. PHYSICIAN'S NAME (Type				22e. ADDRESS	3, E	aston,	Md.2	1601	
23o. SURIAL, CREMATI REMOVAL (Specif		23c. NAME OF C	CEMETERY OR CR			ON (City or Town)	(County)	(State)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detoched for use os the buriol-tronsit permit. Then pleose remove carbon poperational be filed with the Stote Dept. of Health priar to buriol, cremation, or removal, and in ony event, within 72 has VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 may be retained by the hospital or attending physician.

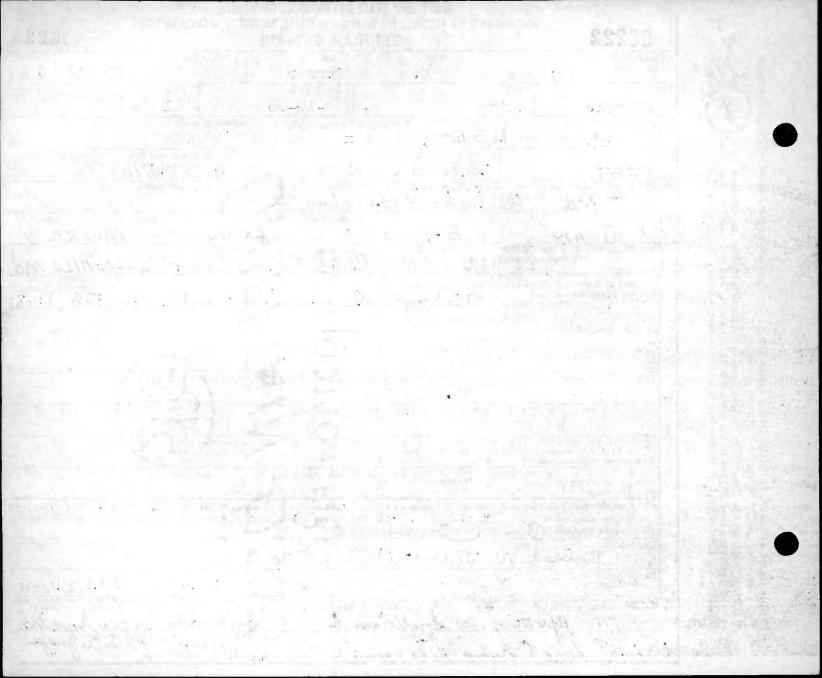
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68 Sudlersville bu 26 FUNERAL DIRECTOR 24

dlusville Qu een Anne Md.

GISTRAR 25b. REGISTRAP SIGNATURE

1 1968 Feliantes Judge DATE VILLE 0 1



MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Middle 2a. DATE OF DEATH DECEASED-NAME First Last 2b. HOUR (Type or print) PAVEL 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthdoy) MONTHS HOURS White Nov. 2. 1896 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH. 8. MARRIED NEVER MARRIED aryland U.S.A. WIDOWED -DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)

Easton Memorial during most of working life, even if retired.)
Housewife **INDUSTRY** Easton None 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Caroline admission) STATE Greensboro None 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last Anna Greenlee Joseph Edwards 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no Torunknown) (If yes give war or dates of service) 218-20-4125 Zeth Weaver Greensboro, Maryland APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Vatra IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospitol) oftended the deceased from 20 mm, 1968, ta 23 mm, 1968, thot (I) (we) last sow the deceased alive on 23 mm, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRES NAME (Type) IHURSTON HARRISON 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) 4-25-68 Greensboro Greensboro. Maryland 24. FUNERAL DURECTOR **ADDRESS**

The law requires that the death certificate be executed within 24 hours after death. ottending physician. signed by the attending physicion and completely filled in by the funeral buriol-tronsit permit. Then please remove corbon popers. Poges Jandburiol, cremotion, or removal, and in any event, within 72 hours after decay prior to has been be retained by the hospital or O FUNERAL DIRECTOR: After this certificate o detached should director, poge 3 should be filed 06223

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